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07/12/2021 12:23 PM Pages: 1 of 2 Fees: \$40.00
Skagit County Auditor

Document Title: Death Certificate

Reference Number: 202010050140

Grantor(s): additional grantor names on page ___

1. State of Arizona

2.

Grantee(s): additional grantee names on page ___

1. Kenneth William Vaughn JR

2.

Abbreviated legal description: full legal on page(s) ___

N 1/2 SE 1/4 SW 1/4 Section 7 | 36/04

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

D49043

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021 3156
JUL 12 2021

Amount Paid \$ 0
Skagit Co. Treasurer
By [Signature] Deputy

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

State File Number
102-2021-036258

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) KENNETH, WILLIAM, VAUGHN, JR.		2. AKA'S (IF ANY)		3. DATE OF DEATH 06/14/2021	
4. SEX MALE	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE 74 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH MESA, MARICOPA, 85207					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) RESIDENCE - 1923 N CHANNING DRIVE					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) BELLINGHAM, WASHINGTON		11. MARITAL STATUS WIDOWED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 1923 N CHANNING DRIVE, MESA, MARICOPA, AZ, 85207					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES YES	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) KENNETH, DWIGHT, VAUGHN				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) DOROTHY	
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) NATALIE, A, HOBBS				21. RELATIONSHIP DAUGHTER	
22. INFORMANT'S MAILING ADDRESS 2128 POPLAR DRIVE, FERNDALE, WA, 98248					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON MOUNTAIN VIEW FUNERAL HOME & CEMETERY, LLC 7900 E MAIN STREET, MESA, AZ, 85207			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON JAIME, , PARKER		25. LICENSE NUMBER FDL-001497
28. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY MOUNTAIN VIEW FUNERAL HOME & CEMETERY, MESA, AZ, US		26. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
29. A. IMMEDIATE CAUSE OF DEATH HYPOXIA				30. APPROXIMATE INTERVAL HOURS	
31. B. DUE TO OR AS A CONSEQUENCE OF: MALIGNANT MESOTHELIOMA OF LUNG				32. APPROXIMATE INTERVAL YEARS	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART:			38. INJURY? NO	39. INJURY AT WORK?	40. MANNER OF DEATH NATURAL DEATH
			41. TIME OF DEATH 08:57	42. WAS AN AUTOPSY PERFORMED? NO	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
44. NAME OF PERSON COMPLETING CAUSE OF DEATH STEPHEN, L, THOMAS			45. DATE CERTIFIED 06/14/2021		
46. CERTIFIER'S ADDRESS 6112 E BROWN ROAD, MESA, AZ, 85205					

Date Registered: 06/17/2021

Date Issued: 06/22/2021

VS-49 Rev. 12/2017

J2955781



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE